

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

ACT WHEELCHAIR  
TAXI, LLC

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

## DOCKET

NUMBER: 2018 - 352 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Lydell Gray

Telephone: 864-351-9274

Address: 221 GOODWIN BRIDGE RD

Fax: 864-834-4811

TRAVELERS REST, SC 29690

Other:

Email:

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency   | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: 10/30/2018

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

I.

ACT WHEELCHAIR TAXI, LLC

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

221 GOODWIN BRIDGE RD, TRAVELERS REST, SC, 29690

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

864-351-9274

Phone

864-834-4811

Fax

Graylv@gmail.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship  
☐ Partnership - List names and address of all person having an interest in the business.  
☒ Corporation - List names and addresses of two principal officers.

TYDELL V GRAY

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	300,000	Mortgage/Loan on Real Estate	75,000
Value of Motor Vehicles	35,000	Loans Owed on Motor Vehicles	10,000
Cash on Hand	45,000	Business/Other Loans Owed	0
Cash in Bank	20,000.00	Other Liabilities or Debts	0
Value of Other Assets and Equipment	30000.00	<b>Total Liabilities</b>	85,000
<b>Total Assets</b>	485,000		

### INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

## PROPOSED RATES AND CHARGES FOR SERVICE

### Proposed Rates and Charges:

1.70 a mile (WC)  
1.60 a mile (for ambulatory)

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |  |   |  |   |   |
|--|---|--|---|---|
| <input type="checkbox"/> Abbeville             | <input type="checkbox"/> Cherokee             | <input type="checkbox"/> Florence              | <input type="checkbox"/> Lee                  | <input type="checkbox"/> Saluda                 |
| <input type="checkbox"/> Aiken                 | <input type="checkbox"/> Chester              | <input type="checkbox"/> Georgetown            | <input type="checkbox"/> Lexington            | <input checked="" type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale             | <input type="checkbox"/> Chesterfield         | <input checked="" type="checkbox"/> Greenville | <input type="checkbox"/> Marion               | <input checked="" type="checkbox"/> Sumter      |
| <input type="checkbox"/> Anderson              | <input checked="" type="checkbox"/> Clarendon | <input checked="" type="checkbox"/> Greenwood  | <input type="checkbox"/> Marlboro             | <input checked="" type="checkbox"/> Union       |
| <input type="checkbox"/> Bamberg               | <input type="checkbox"/> Colleton             | <input type="checkbox"/> Hampton               | <input checked="" type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg           |
| <input type="checkbox"/> Barnwell              | <input type="checkbox"/> Darlington           | <input type="checkbox"/> Horry                 | <input type="checkbox"/> Newberry             | <input type="checkbox"/> York                   |
| <input type="checkbox"/> Beaufort              | <input type="checkbox"/> Dillon               | <input type="checkbox"/> Jasper                | <input type="checkbox"/> Oconee               |   |
| <input checked="" type="checkbox"/> Berkeley   | <input type="checkbox"/> Dorchester           | <input type="checkbox"/> Kershaw               | <input type="checkbox"/> Orangeburg           | <input checked="" type="checkbox"/> Statewide   |
| <input type="checkbox"/> Calhoun               | <input type="checkbox"/> Edgefield            | <input type="checkbox"/> Lancaster             | <input checked="" type="checkbox"/> Pickens   |   |
| <input checked="" type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield            | <input type="checkbox"/> Laurens               | <input checked="" type="checkbox"/> Richland  |   |

### DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seats/belts in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver  
☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL-CHAIR LIFT
Toyota	2010 Corolla	2T1BU4EE6AC316454	2635	No
Toyota	2005 Camry	4T1BE32K15U572507	3108	No
Dodge	2005 G. Caravan	104GP24R25B389317	3867	yes
Toyota	2004 Sienna	5TDZA23C645156083	4120	No
Toyota	2007 Camry	4T1BE46K07U625099	3108	No
Toyota	2006 Sienna	5TDZA23CX65494718	3985	No
Toyota	2007 Camry	4T1BE46K67U675652	3108	No
Dodge	2001 G. Caravan	2B8GP44G11R119798	3989	yes
Dodge	2001 G. Caravan	2B8GP44371R225153	3989	yes
Toyota	2006 Avalon	4T1BK36B06U119970	3490	No
Dodge	2003 G. Caravan	2D4GP44L93R359527	3975	yes



**INSURANCE QUOTE**

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Act Wheelchair Taxi LLC

Name of Applicant

221 Gorkwin Bridge Rd Trousdale East SC 29650

Address of Applicant

**Amount of Premium:**

Liability Insurance \$ 5000 + Greenduck

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

**Limits Quoted**

Liability Combined Each Occurrence	\$ 1,000,000	<u>1,000,000</u>
Medical Payments per Person	\$ 1,000	<u>1,000</u>

Allies Financial Holdings, Inc

Name of Insurance Company

2843-A Wasilmetto St Florence SC 29501

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

**Exhibit Fit, Willing, and Able (FWA)**

Ad Wheelchair Taxi LLC  
Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, list judgments here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

**Exhibit on Driver Qualifications**

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes ☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes ☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes ☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes ☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes ☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes ☐ No



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210


Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

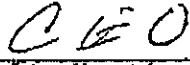
S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

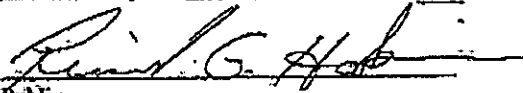
The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

  
Applicant's Signature

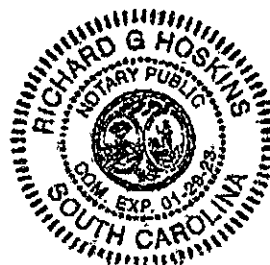
  
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )  
COUNTY OF Greenville )

SWORN TO BEFORE ME  
This 31 day of OCT, 2018

  
Notary Public

Commission Expires 1-29-23



Print Application

South Carolina Secretary of State Mark Hammond

# Business Entities Online

File, Search, and Retrieve Documents Electronically

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## ACT Wheelchair Taxi, LLC

### Corporate Information

**Entity Type:** Limited Liability Company**Status:** Good Standing**Domestic/Foreign:** Domestic**Incorporated South Carolina  
State:**

### Important Dates

**Effective Date** 10/26/2018**Expiration N/A  
Date:****Term End N/A  
Date:****Dissolved N/A  
Date:**

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### Registered Agent

**Agent:** Lydell V. Gray**Address:** 221 Goodwin Bridge Road  
Travelers Rest, South Carolina 29690

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### Official Documents On File

Filing Type	Filing Date
Articles of Organization	10/26/2018

For filing questions please contact us at 803-734-2158

Copyright © 2018 State of South Carolina

Filing ID: 181026-1459245

Filing Date: 10/26/2018

**STATE OF SOUTH CAROLINA  
SECRETARY OF STATE**

**ARTICLES OF ORGANIZATION  
Limited Liability Company - Domestic**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name)

ACT Wheelchair Taxi, LLC

\*Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "LLC", "LLC", "L.C.", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is  
221 Goodwin Bridge Road

(Street Address)

Travelers Rest, South Carolina 29690

(City, State, Zip Code)

3. The initial agent for service of process is

Lydel V. Gray

(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:  
221 Goodwin Bridge Road

(Street Address)

Travelers Rest

South Carolina 29690

(City)

(Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a) Lydel V. Gray

(Name)

221 Goodwin Bridge Road

(Street Address)

Travelers Rest, South Carolina 29690

(City, State, Zip Code)

Form Revised by South Carolina Secretary of State, August 2016

SC Secretary of State  
Mark Hammond

ACT Wheelchair Taxi, LLC

Name of Limited Liability Company

(b)

(Name)

(Street Address)

(City, State, Zip Code)

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. \_\_\_\_\_
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

(Name)

(Street Address)

(City, State, Zip Code)

(b)

(Name)

(Street Address)

(City, State, Zip Code)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

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8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time \_\_\_\_\_.

Form Revised by South Carolina Secretary of State, August 2016

ACT Wheelchair Taxi, LLC

Name of Limited Liability Company

9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Signed as Filer: Stephen Fulton Shaw

Signature of Organizer

Date: 10/26/2018

Signature of Organizer

Date: 10-26-2018

Form Revised by South Carolina Secretary of State, August 2016

November 1st, 2018

Lydell Gray  
221 Goodwin Bridge Rd  
Travelers Rest, SC 29690

Dear PSC,

Hi I am requesting this authority process to be expedited. This is my only source of income. If there are any questions or concerns, please contact me at 864-351-9274

Sincerely,

Lydell Gray

DocuSigned by:  
*Lydell Gray*  
A2D8AAF8375A426

RECEIVED  
NOV 06 2018  
PSC SC  
CLERK'S OFFICE